



**CLAY COUNTY SOCIAL SERVICE BACKGROUND STUDY  
CONSENT AND REQUEST FOR RECORDS**

This records check is for the purpose of: (check all that apply)

☐ LICENSING ☐ RELICENSING ☐ EMPLOYMENT ☐ SUBSTITUTE CARE PROVIDER ☐ HOUSEHOLD MEMBER  
FOR:  
☐ CHILD CARE ☐ LEGAL NON-LICENSED ☐ CHILD FOSTER CARE/ADOPTION ☐ ADULT FOSTER CARE  
☐ VOLUNTEER DRIVER ☐ OTHER (specify) \_\_\_\_\_

**NAME OF APPLICANT/PROVIDER/LICENSE HOLDER OR EMPLOYER:** \_\_\_\_\_  
**CLAY COUNTY WORKER :** \_\_\_\_\_

**IDENTIFYING INFORMATION** (Please print legibly or type)

Legal name(s) of individual on whom information is requested:

\_\_\_\_\_  
*LAST FIRST FULL MIDDLE OTHER PREVIOUS MAIDEN*  
Include **all** names such as birth name, maiden name, other first or last names, aliases ☐ check box if no other names

\_\_\_\_\_  
*ADDRESS- PHYSICAL STREET ADDRESS AND MAILING ADDRESS CITY STATE ZIP*

Date of Birth: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ Social Security Number: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ ☐ Male ☐ Female

Do you have a driver's license or State ID? ☐ No ☐ Yes Issuing State \_\_\_\_\_ DL or ID# \_\_\_\_\_

Race: ☐ White (circle if: Hispanic/Latino) ☐ African American ☐ Native American ☐ Asian ☐ Pacific Islander ☐ All Others

At current residence since: \_\_\_\_\_ (month/year)

List residences of the **past 5 (five) years**, including temporary residences. Attach separate sheet if needed.

| Street/Mailing Address | City/State/Zip | County | Dates (months/years) |
|------------------------|----------------|--------|----------------------|
| _____                  | _____          | _____  | _____ to _____       |
| _____                  | _____          | _____  | _____ to _____       |
| _____                  | _____          | _____  | _____ to _____       |
| _____                  | _____          | _____  | _____ to _____       |

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize County, District and Municipal Courts, County Court Services, County Social Services Agencies, County or State Attorney's Offices, County Sheriff, City Attorney's offices, Police Departments, all Chief of Police for municipalities in which I have resided, the State Department of Corrections, the Bureau of Criminal Apprehension (BCA) and the National Crime Information Center (NCIC) to release this information identified in connection with the evaluation of my application for licensure, continued licensure or registration of Family Foster Care, Family Day Care, Adult Foster Care, for employment or as a Volunteer Driver. Where applicable: Pursuant to Minnesota Statute 245A.04, Subd. 3, Clay County Social Services is hereby requesting the juvenile court records if subject is a juvenile. This information will be released to the **Minnesota Department of Human Services and Clay County Social Services.**

**NATURE OF INFORMATION TO BE DISCLOSED**

All felony convictions and criminal history conviction data for criminal offenses including but not limited to the following as referred to in the criminal Code of 1963 as amended, Minnesota Statutes, Section 609.01 et. seq.

A. Homicides C. Crimes of Compulsion E. Incest G. Arson  
B. Crimes against the person D. Sex Crimes F. Theft and Burglary H. Obscene Telephone Calls

I hereby give my permission to release information regarding conviction and information relating to any act of assault, child battering, child abuse, child neglect and child sexual abuse in addition to the information listed above.

\_\_\_\_\_  
*Signature of Provider, Substitute, Juvenile, Spouse or Other*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Guardian if subject is a minor or incompetent*

\_\_\_\_\_  
*Date*

**EXPIRATION DATE OF THIS AUTHORIZATION SHALL BE ONE YEAR FROM THE SIGNATURE DATE.**

A copy of this form shall be accepted in place of the originals.

**NOTICE TO LAW ENFORCEMENT/COURT and/or SOCIAL SERVICE AGENCIES:**

Please review your records, indicate your findings on the back of this form. Attach records as appropriate.  
Send your results to: **Clay County Social Services, 715 11<sup>th</sup> Street North, Suite 502 Moorhead MN 56560**



**CLAY COUNTY SOCIAL SERVICE BACKGROUND STUDY  
REQUEST AND RESULTS OF RECORDS CHECK**

MINNESOTA STATUTE 13 ALLOWS CLIENTS ACCESS TO PRIVATE DATA RECORDED IN THEIR FILES. BE INFORMED THAT UPON REQUEST BY THE CLIENT OR HIS/HER LEGAL REPRESENTATIVE, THIS DEPARTMENT IS REQUIRED BY LAW TO PROVIDE ACCESS TO THE INFORMATION CONTAINED IN THIS FORM OR SUPPLIED AS A RESULT OF THIS REQUEST.

**STUDY SUBJECT NAME (please complete)** \_\_\_\_\_

**NOTICE TO LAW ENFORCEMENT/COURT AGENCIES:** please review criminal conviction date, assaults, arrest and investigative information and delinquency adjudications and attach documentation. If there are no records or information involving this individual, please indicate that information.

**CRIMINAL RECORDS:**

- ☐ No record found  
☐ Does have a record (see attached)

Agency \_\_\_\_\_  
Signature/Title \_\_\_\_\_  
Date \_\_\_\_\_

=====

- ☐ No record found  
☐ Does have a record (see attached)

Agency \_\_\_\_\_  
Signature/Title \_\_\_\_\_  
Date \_\_\_\_\_

=====

- ☐ No record found  
☐ Does have a record (see attached)

Agency \_\_\_\_\_  
Signature/Title \_\_\_\_\_  
Date \_\_\_\_\_

**NOTICE TO SOCIAL SERVICE AGENCIES:** Review your records of Child Protection and Vulnerable Adult, report your findings below and attach documentation as appropriate.

**CHILD PROTECTION RECORDS:**

- ☐ No record found  
☐ Does have a record (see attached)

Agency \_\_\_\_\_  
Signature/Title \_\_\_\_\_  
Date \_\_\_\_\_

=====

**ADULT PROTECTION / VULNERABLE ADULT RECORDS:**

- ☐ No record found  
☐ Does have a record (see attached)

Agency \_\_\_\_\_  
Signature/Title \_\_\_\_\_  
Date \_\_\_\_\_

**Mail your results to: Clay County Social Services, 715 11<sup>th</sup> Street North, Suite 502, Moorhead MN 56560  
Telephone 218-299-5200; Fax 218-299-7515**